

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

AUG 25 1936

791

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Do not use this space.

32379

File No. 8198  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_  
 City Saint Louis, Missouri No. 3408 South Broadway.

**2. FULL NAME**

Leo J. Callier,

(a) Residence, No. 3408 South Broadway St. 24 Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lena Callier

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 18th, 1882.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, or _____ hrs. or _____ min.
<u>53</u>	<u>9</u>	<u>16</u>		

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER 13. NAME Ruben Callier

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Mary Gagepine

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Lena Callier  
 (ADDRESS) 3408 South Broadway

18. BURIAL, CREMATION, OR REMOVAL PLACE New S.S. Peter & Paul DATE August 6th, 1936

19. UNDERTAKER Ziegenhein Bros.  
 (ADDRESS) 2623 Cherokee Street.

20. FILED AUG 5 1936  
J. Bredeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 4th, 1936.

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1936 to Aug. 4, 1936

I last saw him alive on Aug. 4, 1936 Death is said to have occurred on the date stated above, at 2:30 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset 1930

Angina Pectoris

Other contributory causes of importance:

Obesity

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? Phy. Exam. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) Guertt J. Javany M. D.

(Address) 607 No. 7th Ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

